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35 USC 119 (a-d) conditions met ☒ yes ☐ no ☐ Met after Allowance  
Verified and Acknowledged A. J. [Signature]  
Examiner's Signature Initials

STATE OR

SHEETS

TOTAL

INDEPENDENT

COUNTRY  
JAPANDRAWING  
10CLAIMS  
21CLAIMS  
3

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## TITLE

Wheelchair

FILING FEE

RECEIVED  
394

FEES: Authority has been given in Paper  
No. \_\_\_\_\_ to charge/credit DEPOSIT ACCOUNT  
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